

Stomach Cancer Study Enrollment Instructions

Tufts Harrington Oncology Program

Formalin fixed samples

- Tumor or "abnormal Looking" stomach
- "Normal Looking" stomach (if there is any)
- Healthy liver or spleen
- <u>Fresh sample</u> (place in red top or centrifuge tube)
 - Tumor or "abnormal Looking" stomach
 - "Normal Looking" stomach (if there is any)
 - Healthy liver or spleen

Please freeze immediately and ship on ice packs. Keep in freezer until ready to ship.

Blood Sample

o 6mls in an EDTA tube

FedEx the samples

- o Please ship samples on an ice pack
- Ship to:

Dr. Elizabeth McNiel, DVM, PhD
Tufts Medical Center
75 Kneeland Street
14th Floor Room #14047
Boston, MA 02111
Phone: 617-636-4715
Elizabeth.McNiel@tufts.edu

- Please fill in the total weight of the package on the Fed Ex form
- Please call for FedEx account information and with any questions you may have.

3 Return Belo	w Portion with Shipmen	ıt
Owner Information		
Name:		
Mailing Address:		
Phone: Email:		
Dog Information		
Call Name:		Date of Birth:
Registered Name:		Breed:
AKC (or Other) Registration #:		Please attach pedigree if available
Sex: Male ☐ Male Neutered ☐	Female	Female Spayed ☐
Affected participants: (Please include biops	y report if availa	ble)
ate of Diagnosis	gnosis Biopsy Diagnosis	
liopsy Location	Other Disease	
Please Acknowledge and Sign: give Dr. Elizabeth McNiel and her direct collabora nderstand that any pedigree information or data s esulting from these studies will not include any info ddition, I understand that I will not receive individu	pecific to my dog ormation that will	will be kept confidential and any publication make it possible to identify a subject. In
Signature.		Date:

If samples are taken on a Friday: please refrigerate blood. Ship out on Monday.